United States District Court

for the

Eastern District of New York

Renata Kociubinski, on behalf of herself and others similarly situated in the proposed FLSA Collective Action,)))
Plaintiff(s) V.)) Civil Action No. 1:22-cv02865 ENV-CLP
NYC Health and Hospital Corp. (d/b/a Coney Island Hospital),)))
Defendant(s)	- ′)

SUMMONS IN A CIVIL ACTION

To: (Defendant's name and address) NYC Health and Hospital Corp. (d/b/a Coney Island Hospital) 2601 Ocean Pkwy
Brooklyn, NY 11235

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are: Levin-Epstein & Associates, P.C.

60 East 42nd Street, Suite 4700 New York, New York 10165

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

Date:

| Signature of | Brenna Mahoney | CLERK OF COURT | s/Kimberly Davis | Signature of | Sign

Signature of Clerk or Deputy Clerk

Civil Action No. 1:22-cv02865 ENV-CLP

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

was ra	This summons for (no ceived by me on (date)	ame of individual and title, if an	ny)		
was ice	cerved by the on (aute)		·		
	☐ I personally served the summons on the individual at (place)				
			on (date)	; or	
	☐ I left the summons at the individual's residence or usual place of abode with (name), a person of suitable age and discretion who resides there,				
	on (date), and mailed a copy to the individual's last known address; or				
	☐ I served the summons on (name of individual) , designated by law to accept service of process on behalf of (name of organization) ,				
			on (date)	; or	
	☐ I returned the sum	nmons unexecuted because	e	; or	
	☐ Other (specify):				
	My fees are \$	for travel and \$	for services, for a total of \$	0.00	
	I declare under penalty of perjury that this information is true.				
Date:		_			
			Server's signature		
		_	Printed name and title		
		_	Server's address		

Additional information regarding attempted service, etc:

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